PTO/SB/17 (12-04)

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Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number J 5000 Effective on 12/08/2004. Complete if Known suant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** 10/600,360 TRANSMITTA Filing Date June 20, 2003 First Named Inventor Andrew Y. Li S. Clardy **Examiner Name** Applicant claims small entity status, See 37 CFR 1.27 Art Unit 1616 **TOTAL AMOUNT OF PAYMENT \$120.00** Attorney Docket No. 0210.02 **METHOD OF PAYMENT** (check all that apply) ☐ Check ☐ Credit Card ☐ Money Order ☐ None Other (please identify): ☑ Deposit Account Deposit Account Number: <u>50-2132</u> Deposit Account Name: USDA-ARS-OTT For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES **EXAMINATION FEES** Small Entity **Small Entity** Small Entity Application Type Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee(\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 160 80 150 Reissue 300 500 250 150 600 300 **Provisional** 200 100 n n 0 n 2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee (\$) Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 100 200 Multiple dependent claims 360 180 **Extra Claims** Fee (\$) Fee Paid (\$) Multiple Dependent Claims - 20 or HP = Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets Extra Sheets** Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) -100 =(round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other: 1 Month Extension 120.00 SUBMITTED BY Registration No. 34,078 Signature Telephone: 309/681-6515 (Attorney/Agent) Name (Print/Type) RANDALL E. DECK Date February 15, 2006

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